WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39102

File No. 943

Registered No.

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 2501
City Springfield (No. 516 Chicago St. Ward)

2. FULL NAME Wm L. Taylor
(a) Residence. No. 516 Chicago St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Martha E. Taylor

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18-1862

7. AGE: Years 68 | Months 6 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R.R. Crossing Watchman
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer Frisco R.R. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Wm Taylor
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Rebecca Lord
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mrs. Martha E. Taylor
(Address) Springfield Mo.

15. FILED 12 22 1930 Lori Sharp REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-19- 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Dec 19-, 1930 that I last saw him alive on 12-17-, 1930 and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
71B
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Anaemia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. E. Feller, M. D.
12-19, 1930 (Address) Springfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Robertson Prairie Cemetery — DATE OF BURIAL: Dec 20 1930

20. UNDERTAKER 424 E. Court St. — ADDRESS: J. W. Klingner & Co. Springfield, Mo.